12,12
10.11
The state of the s
Ŋ
ş

As a below named inventor, I hereby declare that:

	Attorney Docket Number	CONN-001	
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	First Named Inventor	Conrad, et al.	
(37 CFR 1.63)	COMPLETE IF KNOWN		
X_DeclarationDeclaration	Application Number	N/A	
Submitted with OR Submitted after Init Initial Filing Filing (surcharge (	7 Filing Date	Herewith	
CFR 1.16(e)) requir	Group Art Unit	N/A	
	Examiner Name	N/A	

My residence, post office address, and citi	zenship are as stated below n	ext to my name.						
I believe I am the original, first and sole in listed below) of the subject matter which is				inventor (if plur	al names are			
USE OF RELAXIN TO TREAT DE	SEASES RELATED TO	VASOCONSTRIC	TION					
the specification of which:								
<u>X</u> is attached hereto								
	United States Application N applicable).	umber or PCT Internation	onal Application l	Numbera	nd was			
I hereby state that I have reviewed and und any amendment specifically referred to ab		bove-identified specific	ation, including th	ne claims, as amo	ended by			
I acknowledge the duty to disclose information	ation which is material to par	entability as defined by	37 CFR 1,56.					
Insofar as the subject matter of each of the application in the manner provided by the to patentability as defined in 37 CFR 1.56 international filing date of this application	first paragraph of 35 U.S.C. which became available bet	112, I acknowledge the ween the filing date of the	duty to disclose in the prior application	nformation which	n is material al or PCT			
I hereby claim foreign priority benefits uno or 365(a) of any PCT international applica and have also identified below any foreign filing date before that of the application(s)	tion which designating at lea application(s) for patent or i	st one country other than nventor's certificate or a	n the United State	s of America, lis	sted below			
filing date before that of the application(s) of which priority is claimed.  Prior Foreign Application Number(s) Country Foreign Filing Date Priority Certified Copy Attached?								
		Foreign Filing Date		Certified Cor	y Attached?			
			Priority Not Claimed	Certified Cor	NO NO			
		Foreign Filing Date						
		Foreign Filing Date						
		Foreign Filing Date						
	Country	Foreign Filing Date (MM/DD/YYYY)	Not Claimed					
Prior Foreign Application Number(s)	Country  119(e) of any United States	Foreign Filing Date (MM/DD/YYYY)  provisional application(	Not Claimed	YES				
Prior Foreign Application Number(s)  I hereby claim the benefit under 35 U.S.C.  Application Num  60/181,408	Country  119(e) of any United States	Foreign Filing Date (MM/DD/YYYY)  provisional application(	Not Claimed  S) listed below.	YES  DD/YYYY)				
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181.408 60/200,284	Country  119(e) of any United States	Foreign Filing Date (MM/DD/YYYY)  provisional application(	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200 04/28/200	YES  DD/YYYY)  00 00				
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181.408 60/200,284 60/242,216	Country  119(e) of any United States per(s)	Foreign Filing Date (MM/DD/YYYY)  provisional application(	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200 04/28/200 10/20/20/20	YES  DD/YYYY)  00 00 00	NO			
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181,408 60/200,284 60/242,216  I hereby claim the benefit under 35 U.S.C.	Country  119(e) of any United States  Der(s)  120 of any United States ap	Foreign Filing Date (MM/DD/YYYY)  provisional application(	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200 04/28/200 10/20/20/20	YES  DD/YYYY)  00 00 00	NO			
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181.408 60/200,284 60/242,216	Country  119(e) of any United States  Der(s)  120 of any United States ap isted below.	Foreign Filing Date (MM/DD/YYYY)  provisional application(  Final Parent Filing Date  Parent Filing Date	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200  04/28/200  10/20/200  f any PCT interns	YES  OD/YYYY)  OO  OO  otional application	n(s)			
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181,408 60/200,284 60/242,216  I hereby claim the benefit under 35 U.S.C. designating the United States of America.	Country  119(e) of any United States  Der(s)  120 of any United States ap isted below.	Foreign Filing Date (MM/DD/YYYY)  provisional application(  Figure 1: File	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200  04/28/200  10/20/200  f any PCT interns	YES  OD/YYYY)  00 00 00 tional application	n(s)			
I hereby claim the benefit under 35 U.S.C.  Application Num  60/181,408 60/200,284 60/242,216  I hereby claim the benefit under 35 U.S.C. designating the United States of America.	Country  119(e) of any United States  Der(s)  120 of any United States ap isted below.	Foreign Filing Date (MM/DD/YYYY)  provisional application(  Final Parent Filing Date  Parent Filing Date	Not Claimed  s) listed below.  ling Date (MM/)  02/09/200  04/28/200  10/20/200  f any PCT interns	YES  OD/YYYY)  OO  OO  otional application	n(s)			

DIRECT ALL CORRESPONDENCE TO:										
Name	Paula A. Borden			· · · · · · · · · · · · · · · · · · ·						
Address	BOZICEVIC, FIELD & FR.	ancis LLP								
Address	200 Middlefield Road, Suite 200									
City, State, Zip	Menlo Park, CA 94025									
Country	U.S.A.	Telephonc	650-327-3400	Facsimile	650-327-3231					

Country	U.S.A.			Tel	ephone	650-327-340	O F	acsimile	650-327-3231
believed to be tru punishable by fin application or any	hat all statements made; and further that these or imprisonment, or patent issued thereon r First Inventor:	e stateme both, und	nts were n	nade with	the knowledg	e that willful fa	lse staten	nents and the lil	ce so made are
G	iven Name (first and n	niddle [if	any])	Family Name or Surname					
Kirk P.	<u> </u>		1		Conrad				· * · · · · · · · · · · · · · · · · · ·
Inventor's Signature	Dank	4/1/	MO	K				Date 2/8/01	
Residence: City	Cranberry Towns		State	PA	Country	USA		Chizenship	US
Post Office Address	244 Peace Street				_ <u></u>				
City	Cranberry Township	State	PA	Zip	16066	7	Country	USA	

Given Name (first and middle [if any])						Family Name or Surname				
Martyn				<u></u>	Lewis					
Inventor's Signature			<u> </u>					Date		
Residence: City	Menlo Park		State	CA	Country	USA		Citizenship	UK	
Post Office Address	619 Bay Road		<del></del>					. L		
City	Menlo Park	State	CA	Zip	94025		Country	USA		

Name of Third	I Inventor:							-	
G	iven Name (first a	nd middle [if	any])			I	Family Nam	ne or Surname	
Elaine M.					Unemori				
Inventor's Signature								Date	
Residence: City	Oakland		State	CA	Country	USA	·	Citizenship	US
Post Office Address	1059 Ardmore	e Avenue			<u> </u>	<u> </u>	······································	<u> </u>	
City	Oakland	State	CA	Zip	94610		Country	USA	

Name of Four	th Inventor:	*			· · · · · · · · · · · · · · · · · · ·		<del></del>		
G	iven Name (first and	l middle fif	onul)		<del></del>				
Given Name (first and middle [if any])					]		ramily Nan	ne or Surname	
Xinfan					Huang				
Inventor's Signature							<del></del>	Date	T
Residence: City	Menlo Park		State	CA	Country	USA		Citizenship	People's Republic of
Post Office Address	150 Seminary I	Prive				.4. ,			China
City	Menlo Park	State	CA	Zip	94025		Country	USA	

G	iven Name (first a	nd middle [if	any])			Family Na	me or Surname	
Carol A.					Tozzi			
Inventor's Signature	Care	1 4.	Joza	i			Date 2/8/04	
Residence: City	Jackson		State	NJ	Country	USA	Citizenship	US
Post Office Address	13 Hemlock F	Iill Road	1					<u> </u>
City	Jackson	State	NJ	Zip	08527	Country	USA	

## 

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

X Declaration Submitted with Initial Filing Declaration
Submitted after Initial
Filing (surcharge (37
CFR 1.16(e)) required)

Attorney Docket Number	CONN-001	
First Named Inventor	Conrad, et al.	
COMPLI	ETE IF KNOWN	
Application Number	N/A	
Filing Date	Herewith	
Group Art Unit	N/A	
Examiner Name	N/A	

			Examine	r Name	I	N/A			
As a below named	inventor, I hereby dec	lare that:							
My residence, post	office address, and citiz	enship are as stated b	elow next	t to my name.					
I believe I am the olisted below) of the	original, first and sole in subject matter which is	ventor (if only one na claimed and for whi	ame is liste ch a paten	ed below) or an origing t is sought on the inv	nal, first and ention entit	d joint i led:	nventor (if plui	al names are	
USE OF RELAX	XIN TO TREAT DIS	SEASES RELATE	ED TO V	ASOCONSTRIC	rion		Ç		
the specification of	f which:								
_ <u>X</u> _	is attached hereto								
	OR		37	1 DOT Lutument	1	ation N	lumban (	and was	
	was filed on as amended on (if	United States Application applicable).	ation Num	iber of PC1 internation	опат Аррис	auonn	unioei a	uiu was	
I hereby state that any amendment sp	I have reviewed and und ecifically referred to abo	derstand the contents ove.	of the abo	ve-identified specific	ation, inclu	ding th	e claims, as am	ended by	
I acknowledge the	duty to disclose informa	ation which is materia	al to paten	tability as defined by	37 CFR 1.	56.			
application in the r	ect matter of each of the manner provided by the defined in 37 CFR 1.56 date of this application.	first paragraph of 35 which became availa	U.S.C. 11: able betwe	2, I acknowledge the en the filing date of t	duty to disc the prior ap	close in plicatio	n and the natio	nal or PCT	
I hereby claim fore or 365(a) of any Po and have also iden	eign priority benefits und CT international applica tified below any foreign	der 35 U.S.C. 119(a)- tion which designating application(s) for pa	ng at least tent or inv	one country other tha	ın the Unite	ed State	s of America, I	isted below	
	hat of the application(s) plication Number(s)	Country	Figure F	oreign Filing Date	Prior	ity	Certified Co	py Attached?	
Titol Poleign rep	pheneion rambor(s)			(MM/DD/YYYY)	Not Cla				
							YES	NO	
			1						
			1						
							- July Arvys		
I hereby claim the	benefit under 35 U.S.C.	. 119(e) of any United	d States pr	ovisional application	(s) listed be	elow.			
I hereby claim the	benefit under 35 U.S.C.  Application Num		i States pr				DD/YYYY)		
I hereby claim the			d States pr				DD/YYYY)		
I hereby claim the	Application Num		d States pr		Filing Date	(MM/I	00		
I hereby claim the	Application Num 60/181,408 60/200,284		d States pr		Filing Date 02 04	(MM/I /09/200 /28/200	00		
	60/181,408 60/200,284 60/242,216	ber(s)	-11	F	02 04 10	(MM/I /09/200 /28/200 /20/20	00 00 00		
I hereby claim the	Application Num 60/181,408 60/200,284 60/242,216 benefit under 35 U.S.C	ber(s)	-11	F	02 04 10	(MM/I /09/200 /28/200 /20/20	00 00 00	ion(s)	
I hereby claim the designating the Un	60/181,408 60/200,284 60/242,216 benefit under 35 U.S.C nited States of America,	ber(s)  7. 120 of any United Stated below.	-11	lication(s), or 365(c)	02 04 10 of any PCT	(MM/I /09/200 /28/200 /20/200	00 00 00		
I hereby claim the designating the Un	Application Num 60/181,408 60/200,284 60/242,216 benefit under 35 U.S.C	ber(s)  7. 120 of any United Stated below.	-11	F	02 04 10 of any PCT	(MM/I /09/200 /28/200 /20/200	00 00 00 ntional applicat	Number	

	DIRECT	ALL CORRESPON	DENCE TO:						
Name	Paula A. Borden								
Address	BOZICEVIC, FIELD & FRANCIS LLP								
Address	200 Middlefield Road, Suite 200								
City, State, Zip	Menlo Park, CA 94025								
Country	U.S.A.	Telephone	650-327-3400	Facsimile	650-327-3231				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

G	Family Name or Surname									
Kirk P.	Conrad									
Inventor's Signature								Date		
Residence: City	Cranberry Township		State	PA	Country USA		Citizenship	US		
Post Office Address	244 Peace Street									
City	Cranberry Township	State	PA	Zip	16066		Country	USA		

Name of Secon	a myonton.									
Given Name (first and middle [if any])  Martyn					Family Name or Surname  Lewis					
Residence: City	Menlo Park		State	CA	Country	USA		Citizenship	UK	
Post Office Address	619 Bay Road									
City	Menlo Park	State	CA	Zip	94025		Country	USA		

USA

Country

	iven Name (first and mic	Family Name or Surname								
Elaine M. N.	4 2/7/0 7	Unemori								
					Daté /					
Signature	Elaine h huenni						2/7/6/	110		
Residence: City	Oakland State CA		Country USA			Citizenship	US			
Post Office Address	1059 Ardmore Avenue									
City	Oakland	State CA	Zip	94610 Country		Country	USA			
Xinfan					Huang					
G	iven Name (first and mic	Family Name or Surname								
Xinfan										
Inventor's Signature	) Ne	7		Date,						
Residence: City	Menlo Park	State	CA	Country	USA		Citizenship	People's Republic of China		
Post Office Address	150 Seminary Driv	e								
City	Menlo Park	State CA	Zip	94025 Country		Country	USA			
Name of Fifth	Inventor:									
Given Name (first and middle [if any])					Family Name or Surname					
Carol A.					Tozzi					
Carol A.							Date	1		
Carol A.  Inventor's Signature							Date			

NJ

State

Jackson

City

Zip

08527